

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF JOSEPH Q. MIRARCHI	COURT CASE NUMBER 06-43
DEFENDANT WEAVER ENTERPRISES, INC.	TYPE OF PROCESS Writ of Execution/Attachment

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 Weaver Enterprises, Inc.
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 400 W. Basin Road, New Castle, DE 19720

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Jonathan Wheeler, Esquire
1617 JFK Blvd., Suite 1270
Philadelphia, PA 19103Number of process to be
served with this Form 285Number of parties to be
served in this case

3

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

This is a business a/k/a the "Tile Center"
 Phone Number is 302-322-5471
 The company is owned by James Weaver and its FEIN Number is 51-0307030

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

215-568-2900

DATE

4/20/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

NATALIE HINES

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date
5-30-06
Time
1415
☐ am
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

45.00

Total Mileage Charges
including enclaves

4.45

Forwarding Fee

Total Charges

49.45

Advance Deposits

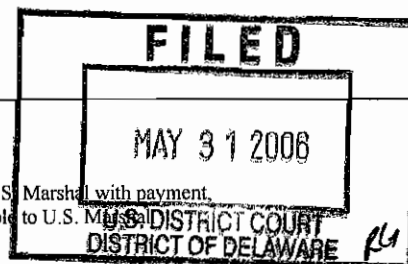
Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT



PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00